

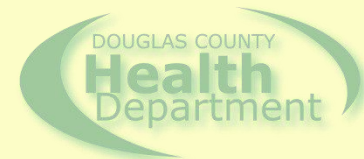


# PERINATAL HEPATITIS B

## A Prevention Strategy



Douglas County Health Department, Omaha, NE






# Why Prevention is Important



- About 1.25 million people in the U.S. have chronic hepatitis B infection
- Hepatitis B is 100 times more contagious than HIV


## **Each year:**

- up to 80,000 people (mostly young adults 25 - 44 years) get infected with hepatitis B virus
- More than 11,000 people have to stay in the hospital because of hepatitis B
- 4,000 to 5,000 people die from chronic hepatitis B related to liver disease



# Hepatitis B virus can cause short-term (acute) illness that leads to:

- loss of appetite
- tiredness
- diarrhea and vomiting
- jaundice (yellow skin or eyes)
- pain in muscles, joints and stomach




# Hepatitis B can cause long-term (chronic) illness that leads to:

- liver damage (cirrhosis)
- liver cancer
- death








**The following four sets  
of guidelines will assist you  
in protecting newborns  
against Hepatitis B.**



# Labor and Delivery Guidelines





The initial step will always be  
- review HBsAg lab report and  
copy the test result onto:



- *Mom's* Labor and Delivery record
- *the infant's* delivery record



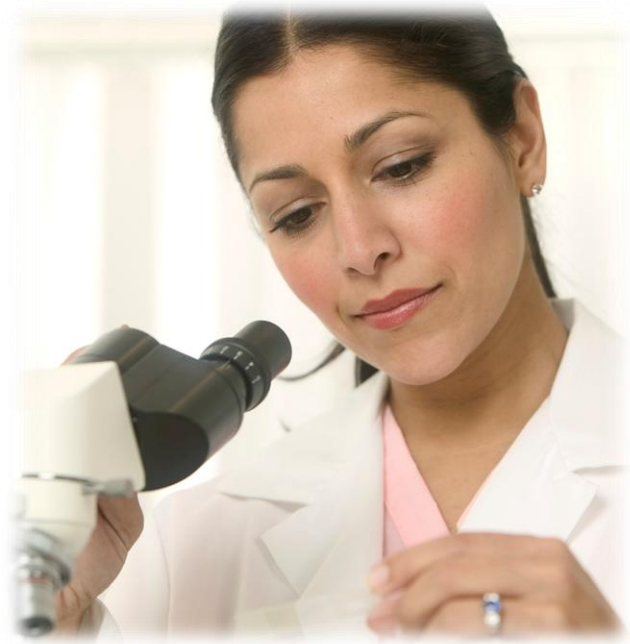
It is essential to examine a copy of the  
original lab report!

*Don't rely on  
handwritten prenatal record-  
transcription error &/or misinterpretation  
of lab tests  
may have occurred.*






# If HBsAg result is not available



- Order the test **STAT**
- Instruct the lab to call the nursery **ASAP** with the result



# **The test that needs to be ordered is the hepatitis B surface antigen (HBsAg)**

**Make sure this test result  
is accurately recorded on:**

- the labor and delivery record and
- on the infant's delivery summary sheet




# ALERT The Nursery *IF*

- The mother is HBsAg **positive**
- The HBsAg result is not known

**These infants require immunoprophylaxis  
within 12 hours of birth with:**

- Hepatitis B vaccine
- *and HBIG if mother is HBsAg positive*



# Tell the Mom (who is *positive* *or status unknown*) about

- The necessity of administering both injections to her baby within 12 hours of birth

If possible, tell the Mom  
before the birth of the baby





Promoting and Protecting Public Health  
**PERINATAL HEPATITIS B REPORTING FORM**

Perinatal Hepatitis B Prevention Program

**ATTENTION LABOR & DELIVERY STAFF: Expecting mother is infected with Hepatitis B**

**Mother's Information**

Name:	DOB:	
EDC:	Phone:	Emergency Contact: Phone:

**Infant Information**

Last Name:	First Name:	Middle I.:
DOB:	Gender: Female Male	
Anticipated Pediatrician:	Phone :	Fax:
Address		

**HBIG and Hepatitis B Vaccine Record- Series 1**

Series 1	Date	Dose	Time	Manufacturer	Given within 12 hrs of birth?
HBIG					Yes No
1 <sup>st</sup> Hep B dose					Yes No

**Reporting Hospital:** \_\_\_\_\_ **Nurse Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please provide information requested above after baby is born and fax to:**

Douglas County Health Department

**Attn:** Essi Havor RN, BSN, Perinatal Hepatitis B Coordinator

Phone (402) 444-3771 Fax (402) 546-0709.



# Nursery Unit Guidelines




For infants born to HBsAg-positive Moms

# Administer HBIG and hepatitis B vaccine at separate body sites within 12 hours of birth

- HBIG -Give 0.5 mL IM
- Hepatitis B Vaccine - give 0.5 mL pediatric formulation IM





**Federal Law requires you  
to give the parent a  
VIS (Vaccine Information Statement)  
prior to vaccine administration.**

VISs can be downloaded from IAC's website at  
**[www.immunize.org/vis/](http://www.immunize.org/vis/)**





# Give Mom an immunization card with the record of HBIG and Hepatitis B immunization included

Instruct Mom to bring  
the card with her each  
time she brings baby  
in for well care





**Is it all right for a  
Hepatitis B Positive  
Mom to  
breastfeed  
her baby?**



## **Breast Feeding**

A mother who wishes to breastfeed should be encouraged to do so provided her infant is given HBIG and Hepatitis B vaccine within 12 hours of birth.



# Provide Mom with educational and written materials regarding:

- The importance of finishing the immunization schedule
- The importance of post vaccination testing at 9 to 15 months of age (test for antibodies to verify immunity) . . .





...and

- The mother's need for ongoing medical follow-up for her chronic hepatitis B infection
- The importance of household members being tested for hepatitis B and vaccinated if susceptible






**Notify your local or state health department that the infant has been born and has received post-exposure prophylaxis (include dates of receipt of HBIG and hepatitis B vaccine**

**Douglas County – Charlette Hudson: 402-444-6426**

**Lancaster County – Angie Elliott: 402-471-2361**

**STATEWIDE – Karen Rutherford: 402-441-6257**



# **Obtain the name, address, and phone number of the infant's primary care clinic and doctor.**

Notify them of

- the infant's birth,
- the receipt of post-exposure prophylaxis, and
- the need for follow-up vaccination and post-vaccination testing



# Nursery Guidelines



For infants born to mothers with  
unknown HBsAg status





**Administer hepatitis B vaccine  
(0.5 mL pediatric formulation) IM  
within 12 hours of birth**

# Confirm that the lab has drawn a serum specimen from the mother for an HBsAg test

Verify when the mother's  
HBsAg results will be  
available and that it will  
be reported to L&D  
and the nursery **STAT**





# If the HBsAg report is positive, contact the physician **ASAP** for additional orders

- The infant needs to receive HBIG *as soon as possible*.  
If more than 7 days have elapsed since exposure (birth),  
there is little benefit in HBIG administration.
- Document appropriately in newborn's medical record.
- If the nursery does not receive the report of the  
mother's HBsAg test at the expected time, call the  
laboratory for the result.



# **Infants born to HBsAg negative mothers**

The first dose of hepatitis B vaccine (0.5 mL pediatric formulation) is recommended during the newborn period, preferably before the infant is discharged from the hospital and no later than 2 months of age.





# Guidelines for Preterm Infants






**Preterm infants whose  
mothers are HBsAg  
positive OR  
Preterm infants whose  
mothers HBsAg status  
is unknown:**

Should be given hepatitis B vaccine  
and HBIG within 12 hours of birth.

# For all preterm Infants

- The birth dose of hepatitis B should not be counted, and
- The infant should receive 3 additional doses at 1, 2, and 6 months of age.






**NOTE: If there is no  
documentation (preferably a  
laboratory report) on the mother's  
chart that indicates that she is  
HBsAg negative,**

Hepatitis B vaccine should be  
administered to the infant within  
12 hours of birth.





# **Infants born to HBsAg-negative mothers but who are at high risk of early childhood infection:**

- Infants whose mothers belong to populations and groups from areas of moderate to high endemicity for HBV infection, or
- Any infant who lives in a household with a person who is chronically infected with hepatitis B.

# Areas with moderate and high endemicity for HBV infection are:



- Africa
- Asia
- Indonesia
- Philippines
- Middle East
- Pacific Islands
- Amazon Basin
- Haiti
- Dominican Republic
- Eastern and southern Europe and the former Soviet Union
- Alaska natives



# High risk infants

- Administer hepatitis B vaccine (0.5 mL pediatric formulation) prior to nursery discharge.
- Give the mother an immunization record card, and instruct her on the importance of completing the series of injections.
- Make sure the infant's hospital record clearly indicates vaccine administration, and always forward record to the infant's primary care clinic.



# **YOU** CAN HELP TO HALT THE SPREAD OF HEPATITIS B



- Review the HBsAg results of all mothers at or before the time of delivery
- Give immunoprophylaxis within 12 hours after birth to infants of HBsAg-positive mothers and infants of mothers who do not have documentation of HBsAg test results on their charts





**For more information,  
you can contact:**

**In Douglas County**

Charlette Hudson  
402-444-6426

**In Lancaster County**

Angie Elliott  
402-471-2361

**STATEWIDE**

Karen Rutherford: 402-441-6257



- Information in this presentation taken from *Labor & Delivery Unit and Nursery Unit guidelines to Prevent HBV Transmission (item #P2130, 5/09)* which was compiled by Immunization Action Coalition and reviewed for technical accuracy by the Centers for Disease Control and Prevention.
- Content organized by Douglas County Health Department.
- CDC. A comprehensive Immunization Strategy to eliminate transmission of Hepatitis B virus infection in the United States: Recommendations of the advisory committee on immunization practices (ACIP). Part I: Immunization of infants, children, and adolescents. MMWR 2005; 54 (no. RR-16): 1-32.
- CDC. Implementation of Newborn Hepatitis B Vaccination – Worldwide, 2006. MMWR 2008; 57 (No. 46): 1249-1252.
- IAC (Immunization Action Coalition). Admission Order for Labor & Delivery and Newborn Units to prevent Hepatitis B Virus (HBV) transmission. Item # 2130 (5/09): 1-2.

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